



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3652
Examiner : Dean J. Kramer
Serial No. : 10/088,818
Filed : March 22, 2002
Inventor : Ritsuo Nakajima
Title : DROP-BOTTOM CONTAINER

Customer No.: 035811

Docket No.: 1066-02
Confirmation No.: 5242
Dated: July 16, 2004

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$55.00 Check
Claim of Extension of Time for Response, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment
New Figs. 9 and 10
Fig. A

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: 

Date: 16 Jul 2004



Attorney Docket No.: 1066-02

In re Application of Ritsuo Nakajima

Serial No.: 10/088,818

Filed: March 22, 2002

For: DROP-BOTTOM CONTAINER

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 4	-	** 20=	0
INDEP.	* 2	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$ _____ OR \$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicants

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		Dated: July 16, 2004

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated March 22, 2004, Applicant amends the
Application as follows: